

LONG TERM CARE: INADEQUATE PROVINCIAL OPERATING FUNDING WORSENING THE SECTOR’S DEEPEST CRISIS

Re: Ministry of Health and Long Term Care Funding announcements - week ending May 31, 2019:

Most citizens are informed enough to realize that taxation is certainly limited in terms of its ability to grow. Municipalities have a finite assessment base, and differing amounts of real assessment growth, depending upon the geographic area that they serve. Provinces, and the Federal Government, are also limited in term of the amount of funding that they can raise from income taxes, transfer payments, corporate income taxes, payroll taxes, levies on goods and services, etc. Combined with seemingly never-ending spending priorities (to care for those who are less fortunate than most, obligations to preserve our environment, debt charges, health care, defense spending, employment insurance, etc.), it is clear to most that we cannot be provided everything that all citizens feel that they, and their fellow residents, need.

When we are told by our political leaders that they cannot pay for everything that their citizenry demands, I agree with that. Within this state of affairs, it is certainly reasonable to expect a certain amount of framing of budgetary and funding announcements from governments of all levels and political stripes. However, the rollout of 2019-2020 funding for Long Term Care Homes, from our Ministry, is more than concerning; it is making the task of providing quality care, in an environment that is safe for Residents and employees, even more arduous than it already was. For some unbeknownst reason, provincial spending on long term care, for many years, has been an embarrassment. While two previous years of increases to raw food transfers were welcome, they were still wholly inadequate to recompense for long periods of shamefully low levels of nutrition transfers to Homes. The following chart illustrates the “per diem,” or per day/per Resident, funding that is provided to all Homes in Ontario, during the past seven years:

LONG TERM CARE - ONTARIO PER DIEM INCREASE HISTORY 2012-2018				
Year	NPC	PSS	RF	OA
Average	1.86%	1.86%	3.38%	1.36%
2018	2.00%	2.00%	6.00%	1.60%
2017	2.00%	2.00%	6.50%	1.40%
2016	2.00%	2.00%	3.70%	1.10%
2015	2.00%	2.00%	2.00%	1.50%
2014	2.00%	2.00%	0.90%	0.70%
2013	2.00%	2.00%	1.56%	1.13%
2012	1.00%	1.00%	3.00%	2.10%

LONG TERM CARE: INADEQUATE PROVINCIAL OPERATING FUNDING WORSENING THE SECTOR’S DEEPEST CRISIS

Three separate funding memos have been released by the Associate Deputy Minister for Long Term Care during the past week, culminating in the announcement of our per Resident/per day (per diem) funding for 2019/2020. Some existing supplementary funding has been rolled into per diem transfers but the total or “global increase” as it is called in the communications, is \$1.77 or just under 1%.

Envelope	LOC Per Diem	Supplementary Per Diem	Total
Nursing and Personal Care (NPC) ¹	\$100.26	\$2.08	\$102.34
Program and Support Services (PSS)	\$12.06	-	\$12.06
Raw Food (RF)	\$9.54	-	\$9.54
Other Accommodations (OA)	\$56.16	\$0.36	\$56.52
Total	\$178.02	\$2.44	\$180.46
2019/20 Global Increase ²			\$1.77
2019/20 Total			\$182.23

In the numerous memos that have been sent to Homes by the Ministry, it is repeatedly mentioned that:

“While we continue to review and evolve health care policy in Ontario, we are acutely aware of the critical and important services our long-term care partners deliver to patients, which is why we are demonstrating our commitment through a 1.7% overall increase to LTC sector funding for 2019-20.”

A statement that implies that Homes are receiving a 1.7% increase to their Provincial revenue streams is misrepresentative. Our Home’s annualized revenue will actually decrease by \$167,000 (Case Mix Index funding - \$173,000; High Wage Transition Funding - \$34,000; and an apparent increase to record keeping funding [RAI/MDS] of \$40,000) while the meagre 2% per diem increases that we have received for the past six years (that did not cover inflation and Resident needs increases as they were) was decreased to 1%, or a further decrease of over \$172,000 to the insufficient funding that we have received for many years to care for some of the most vulnerable citizens in our Province.

Our Home has 256 beds. With 365 days in the year, we will receive a total of \$17,027,571, on an annualized basis, to care for our Residents, based on the chart above. While not sufficient by any stretch of the imagination, a 2% increase to all funding streams (which we received the past six Ministry funding years), would have provided \$17,200,000. When the Province is seriously considering revisiting contracts with existing beer outlets, to allow sales in corner stores (with associate unknown but clearly substantial contract renegotiation costs), why would funds allocated to long term care be decreased? This feels like a very twisted prioritization of problems that our province is facing. Is driving a shorter distance, or having around the clock access, to buying alcohol truly important enough to put even more distance between the funding Homes receive and the funding that they require in order to provide mandated care? It is clear to the vast majority of individuals that have actually spent time in a long term

LONG TERM CARE: INADEQUATE PROVINCIAL OPERATING FUNDING WORSENING THE SECTOR'S DEEPEST CRISIS

care Home, in the past 5-10 years, that we need more, not less, “boots on the ground.” These funding “adjustments,” coming after the Wetlaufer enquiry, countless revelations of abuse and neglect in the media, and increased scrutiny by Ministry Inspectors, are simply baffling.

A May 29, 2019 memo, from the Assistant Deputy Minister (Long-Term Care Homes Division), informed health care providers of the conclusion of the High Wage Transition funding stream that was introduced in 1996. While the memo indicates that these transfers were intended to be a “three-year temporary transition measure,” and that “The objective was to assist operators to maintain equitable service levels while higher than average wage costs were addressed...” this funding has been relied on, for over twenty years, to maintain an adequate level of staffing, even as the needs of the “average” Resident has increased greatly. While it is asserted that this funding stream has “...now exceeded its intended purpose,” I respectfully and wholeheartedly disagree. It was intended to support Homes’ ability to manage rising labour costs (at times exacerbated by arbitration decisions), and that need for support still exists after many years of per diem funding increases from the Province that have not covered both inflation and increased costs related to progressively more complex Resident mixes in Homes. This long term care funding cut by the Province, by itself, will mean that our Home will have \$34,000 less in our yearly budget to spend on direct care wages.

Long term care Homes do not receive yearly support for capital purchases and repairs. Hospitals have the Health Infrastructure Renewal Fund (HIRF). According to the HIRF Guidelines published by the MOHLTC for 2019/2019, “Hospitals are responsible for planning infrastructure renewal activities to ensure that their facilities are in a good state of repair. Recognizing the need for the renewal of health care infrastructure, the Ministry of Health and Long-Term Care (“the ministry”) created the HIRF program. This program is intended to supplement a hospital’s existing renewal program and to help address renewal needs on a priority basis.” The long term care sector has, for years, been asking the Ministry why this, or a similar support program, is not available to Homes. We are responsible for ensuring that our facilities are in a good state of repair, and all of our organizations need to address infrastructure renewal needs on a priority basis; why is one health care sector receiving this support while others do not?

At first blush one might think: “That doesn’t look too bad. How much can needs in Long Term Care Homes change over the years? Caring for the elderly must be the same as it was twenty years ago so what is wrong with being provided a small increase?” The funding announcements that have been made for the 2019/2020 Ministry funding year with respect to revenue streams for Nursing and Personal Care, Programs and Support Services and Other Accommodations (building, utilities, laundry, nutrition services, insurance, general administration, housekeeping expenses), compelled me to explain to as wide an audience as possible:

- what exactly is wrong with the statement above
- clarify possible dangerous misconceptions about Long Term Care; and

LONG TERM CARE: INADEQUATE PROVINCIAL OPERATING FUNDING WORSENING THE SECTOR'S DEEPEST CRISIS

- analyse not only the fairness of the funding that Homes have received in the past, but also the distressing and wilful disregard of the ever increasing needs of Homes, their Residents, and the exceedingly dedicated employees that care for our Residents that has been reflected in recent Ministry memos to health care providers (HCPs).

Have the current and past Provincial governments, through the Ministry of Health and Long Term Care (MOHLTC), not covered the inflation to supplies, services and wages to which all Homes are subjected?

The Ministry has a long standing, but little publicized, policy of not covering inflation. Consider that for a moment: the Homes that are entrusted with caring for not only our elderly citizens, but also for those individuals that require long term care for other reasons, do not receive increases to cover the inflation that inevitably attaches itself to expenses in every corner of facilities' operations. Raw food funding remained so embarrassingly low in recent years that two successive years of 6.5% and 6.0% brought the transfers for each person living in Long Term Care to the level of only \$ 9.54, as of 2018. Most people are fully aware of the escalation in nutrition costs during the past four years. Nutrition Services Divisions prove themselves to be veritable magicians in providing nourishing and delicious meals with this level of funding that is available.

The latest Consumer Price Index (CPI) numbers released by the Bank of Canada show a seasonally adjusted CPI of 2.1%. While one can't assume the same figure for the coming twelve months, with transportation costs increasing for most goods, it is more than likely that our "global funding increase" of 1% increase will effectively mean a 1.1% reduction in effective purchasing power to provide for the nursing, programming, and facility needs of our Residents. With so much scrutiny on long term care health care during the past year, it is inconceivable that our ability to finance ever increasing operational needs will actually shrink when expectations from the Province, the public, Residents and families will rise. We've been through many years of minimalist funding increases; inefficiencies have been hunted constantly during this period. The efficacy well is running dry.

Yearly transfer payment increases, that are announced yearly for long term care per diems, are meant to cover the increased needs or "acuity" of Residents. The acuity of Residents is measured, by the MOHLTC, through a complicated system, that was adopted many years ago, which attaches a numerical number or "weighting" to each day that a person lives in a long term care Home. The higher the needs of Residents, the higher weighting that day is assigned. This seems logical until you consider that this weighting system is based on an American study that is decades old and places unusually low values on conditions that require a great deal of resources for Homes to manage safely. One such example of a clearly erroneous weighting is the general category of "Behaviours." Out of seven clinical categories in the "RUG-III Grouping Methodology," behaviours is ranked second lowest in numerical value. This means that, when the MOHLTC consistently announces that the average needs of Residents in Ontario Homes has increased by between one and two percent, it is using a flawed system, that has not been

LONG TERM CARE: INADEQUATE PROVINCIAL OPERATING FUNDING WORSENING THE SECTOR'S DEEPEST CRISIS

updated in over twenty five years, to justify low increases to funding that they feel are adequate to safely operate a Home. Differences between “fair” increases of 2% to operational funding, and seriously flawed calculations of increased Resident needs, have been referred to as “bonuses” for long term care that could be used towards offsetting inflationary pressures.

The needs weighting system (often referred to as CMI funding), varies for each Home based on data that is self-submitted to the Canadian Institute for Health Information (CIHI), and is utilized to adjust the Nursing funding that each Home receives. To “add insult to injury,” our Home will sustain a decrease of \$173,000 in transfers related to CMI acuity related adjustments. These “CMI adjustments” use data that is up to two years old to estimate the “current” nursing personnel needs of Homes. While I participate on the Ministry’s Long Term Care CMI Technical Working Group, our meetings in preparation for the 2019/2020 funding announcements were cancelled, leaving little opportunity to provide input for the current year, or try to effect changes for the future.

Regarding the issue of this information being self-submitted, there is absolutely no audit process in place to ensure Homes are reporting their acuity numbers fairly and accurately. When asked about this enormous amount of funding flowing from the province, strictly on the “honour system,” I have been told that it is too expensive to develop a comprehensive inspection system for this data. It is my belief that the savings that could be achieved through monitoring Homes’ acuity data submissions would provide the large amount of the money needed for at least a rolling audit of high risk “outlier” Homes whose CMI data appears to be unusually high.

With respect to inflationary pressures, there must be an element of personnel costs that increase yearly?

Everybody deserves a living wage commensurate with the job duties that they perform. This is certainly an accepted tenet of any free job market. Sadly, the expectation that long term care Homes magically cope with inflation, without corresponding increases in provincial funding, applies to direct care staff compensation as well. Simply a fair increase is what the vast majority of long term care employees look for and I certainly do not blame them. I also question how serious the province is taking the human resources recruiting and retention crisis that the long term care sector is experiencing. It seems counterintuitive to, on the one hand indicate that concerns about staffing have been heard and solutions are being developed, when the funding we are receiving does not allow for cost of living increases to PSWs, RPNs, RNs or any other staff this is needed to operate a Home.

LONG TERM CARE: INADEQUATE PROVINCIAL OPERATING FUNDING WORSENING THE SECTOR'S DEEPEST CRISIS

There does seem to be a pervasive shortage of staff at Long Term Care Homes. Why can't every shift at every Home be filled so that Residents are cared for by a full complement of PSWs and RPNs?

I do not pretend to know or understand fully what Personal Support Workers (PSWs), Registered Practical Nurses (RPNs) and Registered Nurses (RNs) do every day. I do definitely know, from what I have observed over the past seven years that:

- I could not do any of the jobs mentioned directly above
- There are the most dedicated professionals that I have ever had the honour of working with in my career
- According to a recent survey conducted by Toronto-based firm Public Polling, long-term care workers face constant violence on the job, with 80 per cent reporting first-hand experience with physical assault in the workplace; and
- The survey of more than 1,000 nursing home workers in Ontario found almost half of respondents experienced physical violence such as pushing or hitting on a daily or weekly basis. Some 63 per cent said they had faced sexual harassment at least once on the job and 43 per cent said they'd experienced sexual assault.

The average needs, disease related aggressive behaviours, and Ministry expectations for the care of Residents has grown tremendously over the past decades while, at the same time, more caring, time intensive and Resident Centred approaches to care have been employed. Gentle Persuasive Approach, Physical-Intellectual-Emotional-Capabilities-Environment-Social (PIECES), etc., provide wonderful, non-narcotic intervention strategies for responsive behaviours. What is missing from this promising environment is the recognition by the MOHLTC that these techniques require significant amounts of time for direct care staff to employ.

The result of these changes in the needs of the "average" Resident, and in the intervention strategies that are utilized, is that the staff funding models that were used decades ago are not relevant or appropriate anymore. Direct care staff are "burning out;" less are able to work extra shifts, or partial shifts, to cover vacancies, and less individuals are viewing these professions as viable careers given the challenges that they will face every day. Long term care provision is mentally and physically dangerous and draining. Many groups (including the Canadian Union of Public Employees, Advantage Ontario, etc.), have advocated tirelessly for the provision of more funding from the province to Homes in order to provide more assistance to a group of people who simply want to provide the care that Residents in Homes deserve. The true bottleneck in long term care capacity is not the number of beds in the system; it is the number of dedicated direct care workers that are willing to apply for, and remain in, these positions given current funded staffing levels.

LONG TERM CARE: INADEQUATE PROVINCIAL OPERATING FUNDING WORSENING THE SECTOR'S DEEPEST CRISIS

Has the Province not announced some strategies to increase the number of PSW's and RPNs available?

There has been a stated commitment to include PSWs as one of the occupations eligible for the government's "Employer Job Offer: In-Demand Skills Stream" (allows the Ontario Immigrant Nominee Program to nominate foreign nationals who have the required work experience to help them successfully establish and integrate into Ontario's labour market and communities). We understand this is the first component of the Province's approach to our staffing crisis through making it easier for direct care personnel from other countries to practice in Canada. While I am willing to admit that this could help, does this strategy truly correct the structural problems that we currently have with the demands of these positions and the physical and mental stress that current direct staff are subjected to, or is it simply a band-aid solution to get more people into the system to fill the additional needs created by promises of building more Homes and creating more beds? To maintain the high level of care that our Residents deserve, a great deal of effort and time must be devoted to ensuring that the training and skill levels of personnel entering the system will meet the standards that have been set in our jurisdiction. Quality of care being provided to Residents needs to come first, rather than filling future gaps created by the promise of increased physical capacity in Homes.

It has also been mentioned in communications from the Province that expanding the scope of practice, for certain regulated health professionals could ease staffing pressures. I agree that every PSW, RPN and RN should be able to utilize their skill sets as much and as broadly as possible. However, could this result in higher paid full time equivalent positions being phased out in the care of our Residents? This could indeed save money but, again, I struggle to see how this strategy will correct the structural problems that we currently have with the demands of direct care roles and the physical and mental stress that they are subjected to.

Do municipalities contribute to the operating costs of their Home?

There is a great variance in support for long term care, by municipalities, on a per bed basis, and as a percentage of Homes' total operating expenses. This difference can be linked to the disparity in real assessment growth and total weighted assessment in each jurisdiction. A higher tax base allows for a wider distribution of the increased municipal costs of operating a Home, and therefore a lesser effect on the "average" taxpayer. Also, if a municipality experiences sustained periods of "real" or non-reassessment growth, part of the extra tax levies that are received from development can be used to support long term care. There is clearly a large gap between municipalities with respect to the funds available to finance long term care operations.

Municipalities do question the appropriateness of property taxes being used to support health care. The Association of Municipalities of Ontario (AMO) has long held the belief that health care funding is a provincial responsibility that has slowly been downloaded to lower tier governments through the

LONG TERM CARE: INADEQUATE PROVINCIAL OPERATING FUNDING WORSENING THE SECTOR'S DEEPEST CRISIS

provision of inadequate operating budget transfers. Many other traditionally provincial mandated services have also been downloaded, and underfunded, to municipalities including Police, Emergency Management Services, Public Health, Social Assistance, and Children's Services. Our municipal partners are "tapped out" and are not able to absorb any more downloading related to the long term care of their citizenry.

Our municipal partners, and I would imagine most municipal Home licensees, have long ago set their 2019 budgets out of the necessity of finalizing tax levies for the current year. Accordingly, municipal contributions to their Homes have been set as well. I certainly question whether any thought has been given to the lateness of these funding announcements, with respect to the prudent and timely fiscal planning of municipalities and the long term care Homes which they are obliged to operate through provincial legislation.

There have been many announcements by recent government administrations regarding pledges to fund more long term care beds. Surely this will aid the long term care sector in providing care and shortening bed wait times?

Building tens of thousands of new beds would be an incredible step to lessening the burden on caregivers for those on waiting lists for beds in our Homes, and reduce the stress on those waiting for beds themselves, if it were not for the absence of individuals who are able to fill the shifts that would be necessary to open these beds. There is a serious and sector wide crisis in filling direct care shifts. Anyone who lives, or visits someone, in a long term care Home, will attest to shifts being unfilled on a regular basis. The Home that I am proud to work in attempts to fill every open shift, from the moment the first vacancy appears, and yet we face the same challenges of every other Home. More beds, at the present, will not solve our long term care crisis. In fact, if announcements of new beds, and the related financial commitments that come with these pledges, in any way, redirects funds that could be used to provide desperately needed support "on the floor," these politically popular proclamations may gain votes but they will also deepen the personnel disaster that our sector is now fighting through.

Where does all of this leave the long term care sector now and in the immediate future?

The issues outlined above will not be improving in the near future. When a sector has an across the board problem with professional direct care hours, and the government commits to adding thousands of new beds over five years, we have a serious predicament. They are looking at the long term care bottleneck as being beds. It is not. The true bottleneck in providing long term care in the province is care hours in the system. Right now, funding for four hours per Resident (on average) would not even help us immediately because the hours supply is just not there for anybody. Shifts for the new positions would go unfilled. The province needs to create a plan whereby newly build beds are staffed by well

LONG TERM CARE: INADEQUATE PROVINCIAL OPERATING FUNDING WORSENING THE SECTOR'S DEEPEST CRISIS

trained staff. The challenge will be in timing the creation of a larger supply of direct care hours that will fill the current Homes' needs and even more labour capacity to coincide with the opening of new long term care facilities. This is the true, immediate crisis facing long term care and the recently announced funding reductions will only deepen this emergency.